

# **County of Los Angeles Dependent Care Spending Account Claim Form**

**RETURN TO:** Spending Account Plan Administrator (Ceridian) **FAX (TOLL-FREE):** 888-367-3305 (No cover sheet needed)

OR MAIL: P.O. Box 67128, Los Angeles, CA 90067

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Employee Name (Last, First, Middle Initial)			Soc	ocial Security Number					
Street Address			Em	ployee No.			De	pt. No	). 
City	State	Zip Code	Wo	rk Phone	)	-		·	•
Total Dependent Care Expense(s)	Day Care Provider's Signature			Provider's SSN or Tax I.D. #					
\$	Day Care Provider's Name and Address			Date(s) of From:	f Service	)			

#### **EMPLOYEE SIGNATURE**

I certify that the expenses claimed above are eligible for reimbursement under a County of Los Angeles Flexible Benefit Program and that neither I, nor my spouse, nor my dependents have received or will receive reimbursement for these claimed expenses from another source. I understand that any claim for which I am reimbursed cannot be used in calculating a credit or be taken as an itemized deduction on my federal or state income tax return.

Employee Signature Date

## Around the Clock Service for FSA Participants 866-300-2303

You have direct access to your health care and/or dependent care account 24 hours a day. By accessing our Web site, www.buckhrsolutions.com/countyla, or our toll-free automated response system, 866-300-2303, you can quickly access your account data and other helpful FSA information. Account data is current as of the previous day's close of business. Customer service professionals are available from 5 a.m. to 5 p.m. to assist you.

### **Important Information**

- ✓ Only eligible expenses incurred during your FSA plan year and while you are a participant are eligible for reimbursement.
- ✓ An expense is incurred when the service is provided not when you are billed or pay for the service.
- ✓ Any unpaid Dependent Care amounts (due to expenses exceeding the amount in your account at the time of the claim) will be paid out automatically as money accumulates in your account. You do not need to resubmit the claim.
- You will receive an account summary with each reimbursement in addition to a quarterly account statement.
- ✓ You will have until June 30, 2010 to submit your claims and documentation for expenses incurred while you are a participant during 2009. Any claims postmarked after June 30, 2010 will not be reimbursed.
- ✓ For more information and important rules, read the "Flexible Spending Accounts" section of the Summary Plan Description (SPD) you received in your 2009 annual enrollment or new hire packet. The SPD is also available online at dhr.lacounty.info/. From the home page, click on "Employee Benefits" in the menu on the left, then click on "Flexible Benefits," select your benefits plan, and click on the link to the 2009 Summary Plan Description.

### **Reimbursement Instructions**

- 1. After you have incurred an eligible expense during the plan year, complete a claim form.
- 2. Include the appropriate documentation with a signed claim form. Submit your claim in one of the following ways:
  - Complete this claim form containing your provider signature, address, SSN or Tax ID #, the date of service, and the amount paid. This completed form serves as your receipt.
  - Or, complete this claim form and submit with a receipt from your provider indicating date of service and amount paid.
     Provider signature and tax ID is not required when submitting a receipt from a properly licensed day care center.
- Fax this entire sheet, completed and signed, along with the appropriate documentation using the toll-free fax number 888-367-3305. If you prefer, mail your completed and signed

- claim form with the documentation attached to: Spending Account Plan Administrator, P.O. Box 67128, Los Angeles, CA 90067. Please keep your original receipts with your tax records and submit legible copies with your claim form.
- 4. We will reimburse up to the amount you have deposited in your account to date (through your payroll deductions) minus any previous reimbursements.
- 5. Follow this process throughout the plan year whenever you have an eligible expense. Be sure to "use up" your entire election...if you don't, you will lose the dollars you have left over (according to IRS regulations).







